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C O N F I D E N T I A L SECTION 01 OF 03 TUNIS 000212

SIPDIS

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NEA/MAG FOR HOPKINS AND HARRIS
EB/CBA (WINSTEAD)
STATE PASS USTR (BELL), USPTO (ADLIN)
USDOC FOR ITA/MAC/ONE (NATE MASON), ADVOCACY CTR (JAMES)
CASABLANCA FOR (FCS ORTIZ)
AMMAN FOR EST/SCI JOCK WHITTLESEY

E.O. 12958: DECL: 02/12/2017
TAGS: [ETRD](#) [KFLU](#) [KHIV](#) [KIPR](#) [TS](#)
SUBJECT: TUNISIAN HEALTH MINISTER: HIV/AIDS, AVIAN FLU, IPR
UNDER CONTROL

Classified By: Ambassador Robert F. Godec for reasons 1.4 (b) and (d)

Summary

¶1. (C) During Ambassador's courtesy call on Ridha Kechrid, Minister of Public Health (MOH), topics ranging from avian influenza and HIV/AIDS to Intellectual Property Rights (IPR) were discussed. The discussion was amicable, with Kechrid addressing each issue thoroughly and with seeming candor. The Minister said that GOT has good programs in place to manage and control avian influenza, HIV/AIDS, and malaria. He would like to see more cooperation between the United States and Tunisia, particularly in the area of scholarships for Tunisians to study at US universities known for their public health and hospital management programs. Ambassador raised the issues of data exclusivity, reliance, and patent linkage with the Minister. The Minister said that the GOT is TRIPS compliant, that test data is protected as stated in TRIPS article 39.3, and that its correlation system for pharmaceuticals was terminated as of December 31, 2006. Cooperative medical research projects were discussed and Ambassador suggested that both governments seek ways to increase cooperation in the area of public health. End Summary.

Public Health in Tunisia

¶2. (SBU) Minister Kechrid opened the January 24 meeting by singing the praises of health care in Tunisia. He said that Tunisia's health system is mainly public but that the number of private clinics and doctors has increased over the past several years. Kechrid stated that Tunisia's specialized health and curative medicine facilities are very well-known and annually attract thousands of foreign clientele from Europe and the Middle East. He said that health education is excellent, including programs on HIV/AIDS prevention and on food and family health issues. Kechrid said that the GOT's vaccination program is effective and thus children's health

is much improved. He also said that the national mortality rate is decreasing and joked that the quality and standards for health care are so good that people refuse to die. Kechrid acknowledged that by 2025-2030 Tunisia's aging population will strain the health care system. Highlighting that the cost of medicines and of medical technology is very expensive, the Minister said that Tunisia was encouraging the use of generic medications in order to reduce costs.

HIV/AIDS

¶3. (C) Stressing the importance of a strategy to fight HIV/AIDS, Ambassador requested a brief overview of GOT's HIV/AIDS prevention efforts. Kechrid said that Tunisia does not have a big HIV/AIDS prevention program. He said that only a small number of Tunisians have the virus; treatment is free; students, whom GOT considers an "at-risk" population are tested; and Tunisia provides excellent health education on HIV/AIDS prevention. He added that that it is easy educate the public about HIV/AIDS prevention but much more difficult for the public to put that knowledge into practice. The Minister said that GOT is encouraging health, educational, and other professionals to spread the message.

¶4. (C) The Ambassador congratulated the Minister on the GOT's successful proposal for a US \$17 million grant from the UN Global Fund for AIDS to put in place a program and policy on the prevention of HIV/AIDS, malaria, and tuberculosis. (Note: The Tunisian proposal for this grant states that from 1985 until March 2006 there have been 1327 reported cases of HIV/AIDS, with 875 currently living, and approximately 70 new

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cases reported each year. End Note.) Kechrid said that there is a bill before Parliament to authorize confidential testing for HIV/AIDS and to cover diagnostic exams for at-risk populations and medicine to fight the disease. (Note: EUCOM has financed the construction of an anonymous HIV/AIDS testing center in Sfax using EUCOM humanitarian assistance funds. This center will be operated by a Tunisian NGO. The GOT plans to put similar testing centers in other places, if the Sfax operation is successful. End Note.)

Avian Influenza

¶5. (C) Kechrid said that avian influenza is also under control in Tunisia, because the GOT had put in place several levels of defense against transmission in 2005. He said the defense mechanisms were:

- Banning hunting in the wetlands since migratory birds are the primary carriers of this virus;
- Banning temporarily the import of all poultry products;
- Banning live chickens inside farmers' homes to prevent contact with infected domestic poultry.

Kechrid also said that in May 2006 a UN Food and Agriculture Organization (FAO) mission had visited Tunisia for consultations and had conducted avian influenza detection activities at relevant sites. He said that this mission confirmed that there was no avian influenza virus present in Tunisia.

Bilateral Cooperation

¶6. (SBU) Ambassador asked the Minister for his suggestions for areas on which the United States and Tunisia can cooperate. Kechrid said that there are currently several

cooperative research efforts between the Pasteur Institute and research laboratories in the United States. The areas of cooperation are in the neurology, genetic and muscular malady fields. In addition, there is an agreement in principle for a US researcher to conduct studies on five diseases that are unique to Tunisia (NFI). He said that the Pasteur Institute also has a cooperative venture with Walter Reed Institute working on the development of a malady bank. Kerchid added that Tunisia also has agreements with Boston and John Hopkins Universities and that about four or five students/year win scholarships to pursue US degrees in the medical field. Commenting that the United States has excellent schools with specializations in public health and hospital management, the Minister indicated that he would like to see cooperation to train more Tunisians in these fields.

IPR Protection

17. (SBU) Kechrid said that GOT had terminated its "correlation" system on December 31, 2006. Ambassador said that the MOH's termination of its correlation system was a welcome move forward in liberalizing the marketplace but that US pharmaceutical companies had expressed concern over the GOT's correlation of approximately 150 drugs several days before its termination (septel). The Minister said that there is an appeal process to contest any drugs added to the correlation list after January 1, 2005 and that he is open to discussing specific drugs with individual US pharmaceutical companies. (Note: The relevant Circular No. 113, specifies a deadline of May 2007 for the filing of an appeal. Post relayed this information to relevant companies and advised them to file appeals and to request a meeting with MOH as

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soon as possible. Pfizer has since succeeded in having its affected drugs removed from the list. Post is currently working with Eli Lilly with hopes of achieving a similar outcome. End Note.) The Ambassador raised USG concerns over data exclusivity and reliance, and encouraged the GOT to initiate a patent linkage system. Kechrid said that GOT respects the principal of data protection and data exclusivity. He said that Circular No. 40 (dealing with data exclusivity and data protection) coincides with TRIPS article 39.3 and that if a laboratory participates in a study, it must sign a confidentiality agreement to protect data.

18. (SBU) Comment and Bio Note: Minister Kechrid was loquacious and had a pleasant demeanor. He had a good command of his highly technical ministry and appeared open to a discussion on any health-related topic. Kechrid speaks French and Arabic but conducted the meeting in French. He was accompanied in the meeting by many staffers, several of whom he invited to speak, creating an unusually inclusive atmosphere for a GOT ministerial-level meeting. Kechrid is a cardiologist and holds an MA in pharmacology. Prior to his government administrative positions, he worked as a physician in government-run hospitals in Tunis and taught pharmacology at the University of Tunis Faculty of Medicine. End Note.
GODEC